NCEB-	
(Rev.	2/62)

County	t yer a jir
Case No.	

Name	e		Date first known to DPW		
Family members known to DPW					
		ncial assistance) give	en to client and/or family; incl	ude	
aspe	essary to consider, in	n addition to the spec l's social, emotional,	of individual functioning, it is cific diagnosis required by law, , mental, and physical developmen	other	
			he individual for whom the petit:	ion is	
ente	ered. Clarify states	mence of grand iffer	cractons.		

2. Client's abilities. Describe the kind of responsibility individual can take for the home (giving examples of tasks performed) and children (including training and supervision). Describe any work experience (giving the quality of performance). Comment on individual's ability to relate to others, both at home and in work situation.

3. Community environment. Describe the neighborhood, and give any information available regarding problems which have arisen.

NOTE: Use this form as a supplement to the petition. Attach extra sheets if necessary. Information on this form is for the use of the Eugenics Board only.